



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OK - 21 - 0033

Cost Sharing Amounts - Categorically Needy Individuals **G2a**

1916
1916A
42 CFR 447.52 through 54

The state charges cost sharing to all categorically needy (Mandatory Coverage and Options for Coverage) individuals.

Services or Items with the Same Cost Sharing Amount for All Incomes

Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Inpatient Hospital Services	10.00	\$	Day	Up to \$75.00 maximum	Remove
Add	Outpatient Hospital Services	4.00	\$	Visit		Remove
Add	Organized Outpatient Clinic Services	4.00	\$	Visit		Remove
Add	Ambulatory Surgery Services	4.00	\$	Visit		Remove
Add	Physician Services	4.00	\$	Visit		Remove
Add	Physician Assistant/ Anesthesiologist Assistant	4.00	\$	Visit		Remove
Add	Advanced Practice Nurse Services	4.00	\$	Visit		Remove
Add	Optometrist Services	4.00	\$	Visit		Remove
Add	Dental Services	4.00	\$	Visit		Remove
Add	Durable Medical Equipment Services	4.00	\$	Item	Blood glucose testing supplies & insulin syringes have \$0 copay.	Remove
Add	Home Health Agency Services	4.00	\$	Visit		Remove
Add	Rural Health Clinic (RHC) Services	4.00	\$	Visit		Remove
Add	Federally Qualified Health Center (FQHC) Services	4.00	\$	Visit		Remove
Add	Medicare Part B Crossover Claims	1.00	\$	Visit		Remove
Add	Behavioral health and substance abuse services - inpatient	10.00	\$	Day	Up to \$75.00 maximum	Remove



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Add	Service or Item	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add	Behavioral health and substance abuse services - outpatient	3.00	\$	Visit		Remove
Add	Laboratory and X-ray Services	4.00	\$	Visit		Remove
Add	Prescription Drugs	4.00	\$	Prescription	Limited to the drug benefit under the state plan. Tobacco cessation products have \$0 copay. Prenatal vitamins have \$0 copay. Birth control has a \$0 copay. Naloxone have \$0 copay. Medication assisted treatments for opioid use have \$0 copay.	Remove
Add	Preferred generic drugs for HCBS waiver members	0.00	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$0 - \$10.00 for HCBS waiver members	0.65	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$10.01 - \$25.00 for HCBS waiver members	1.20	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued between \$25.01 - \$50.00 for HCBS waiver members	2.40	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove
Add	Prescription Drugs drug valued at \$50.01 or more for HCBS waiver members	3.50	\$	Prescription	HCBS waiver members incur tiered copays for prescription drugs through an additional benefit that is supplied through the 1915(c) HCBS waivers.	Remove

Services or Items with Cost Sharing Amounts that Vary by Income

Service or Item: **Remove Service or Item**

Indicate the income ranges by which the cost sharing amount for this service or item varies.

Add	Incomes Greater than	Incomes Less than or Equal to	Amount	Dollars or Percentage	Unit	Explanation	Remove
Add							Remove

Add Service or Item

Cost Sharing for Non-preferred Drugs Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-preferred drugs (entered above), answer the following question:



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The state charges cost sharing for non-preferred drugs to otherwise exempt individuals.

Cost Sharing for Non-emergency Services Provided in the Hospital Emergency Department Charged to Otherwise Exempt Individuals

If the state charges cost sharing for non-emergency services provided in the hospital emergency department (entered above), answer the following question:

The state charges cost sharing for non-emergency services provided in the hospital emergency department to otherwise exempt individuals.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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